



Over 30 Basketball Open Gym

Bridgewater –Raritan Residents!!!!!!!!!!!!

Bridgewater Recreation will be running a Men's Basketball Open Gym for interested participants over the age of thirty. Registration will be accepted at the Recreation Department for all Bridgewater-Raritan residents.

When:

Open Gym times will be from 8:00pm to 10:00pm on Thursday evenings at the Bridgewater-Raritan Middle School. Open Gym will begin on Thursday, October 19, 2006. Open Gym nights will continue on Thursdays, October 26, November 9, 16 (6pm to 8pm only), 30, December 7, 14, 21, January 4, 18, 25, February 1, 15, 22, March 8 & 15 2007. A site supervisor will attend all open gym sessions. (No open gym on November 2, 23, December 28, 2006, January 11, February 8 & March 1, 2007.)

Cost:

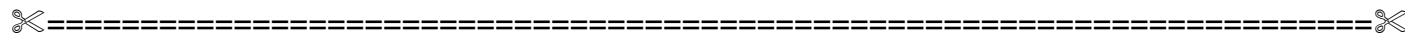
\$30.00 Bridgewater Residents and \$35.00 Raritan Residents per participant

If you have already paid the \$100.00 fee (Bridgewater Residents) or \$110.00 fee (Raritan residents) and the check has been cashed and you would like to use a portion of this towards the open gym please check the box below. If your check is being returned and you are interested in participating please send a new check for appropriate amount.

Registration Deadline: Monday, October 2, 2006.

Three ways to register! In person at the Bridgewater Recreation Department (Municipal Building - 700 Garretson Road) 9am to 5pm Monday to Friday, drop registration off in the "REC" mail box located around back of Municipal Building before or after office hours, or via postal service.

Bridgewater Recreation Department P.O. Box 6300/700 Garretson Road - Bridgewater, NJ 08807 (908) 725-6373 office hours 9am to 5pm Monday to Friday www.bridgewaternj.gov



Men's Over 30 Open Gym

Bridgewater Residents \$30.00 or Raritan Residents \$35.00 check payable to "Bridgewater Township"

| | |
|---|-----------------------------|
| Last Name: _____ | First Name: _____ |
| Mailing Address: _____ | Town: _____ Zip: _____ |
| Home Phone #: () _____ | Work Phone #: () _____ |
| Participant Cell Phone #: () _____ | Email Address: _____ |

This is a contact sport. Injuries may occur. Please note that Bridgewater Township Recreation Department does not provide individual medical coverage for its participants. Each participant will be covered under his/her family's medical policy. It is recommended that families have insurance before participating. The Recreation Department reserves the right to cancel, alter, supplement, limit registration or change any other information. By signing this registration form, I as the participant understand that the Bridgewater Recreation Department has the right to place me on a team that is in the best interest of the program. If I am not content with the situation, I am entitled to a registration fee refund.

Signature

_____/_____/_____
Date



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Please check here if you would like to use \$30.00/\$35.00 of your \$100.00/\$110.00 already paid